EHRLICHIOSIS

Ehrlichiosis is an acute, febrile bacterial illness caused by microorganisms called rickettsiae that are transmitted to humans by a tick bite. The symptoms are often non-specific with the most common complaints being fever, headache, myalgia, anorexia, nausea, and vomiting. The illness ranges from mild to life threatening.

Two types are recognized in the United States:

- HME—Human Monocytic Ehrlichiosis—Ehrlichia chaffeensis
- HGE—Human Granulocytic Ehrlichiosis—probably E. phagocytophilia and E. equi

Laboratory Criteria for Confirmation:

- Fourfold or greater change in antibody titer to *Ehrlichia* spp. antigen by immunoflourescence antibody (IFA) test in acute and convalescent specimens ideally taken four weeks or more apart. HME diagnosis requires the use of *E. chaffeensis* antigen and HGE currently requires *E. equi* or HGE-antigen; **OR**
- Positive polymerase chain reaction (PCR) assay. Distinct primers are used for the diagnosis of HGE and HME; **OR**
- Intracytoplasmic morulae (inclusions) identified in blood, bone marrow, or CSF leukocytes and an IFA antibody titer ≥ 1:64.

Case Classification

Confirmed: A clinically compatible case that is laboratory confirmed.

Probable: A clinically compatible case with either a single IFA serologic titer ≥64 or intracytoplasmic morulae identified in blood, bone marrow, or CSF leukocytes.

Epidemiology

2002

Two cases were reported from 2 different districts (Green River and North Central Districts); one female, one male, both in the 30-39 age group. Both were HME cases. A third case was considered as a probable, also from Green River District.

The Lone Star tick (*Amblyomma americanum*) and the American Dog tick (*Dermacentor variabilis*), both found in Kentucky, are the vectors for HME, the type of Ehrlichiosis usually diagnosed in the southeastern states.

Incomplete testing is the primary reason cases cannot be confirmed. A convalescent sample, frequently not submitted for testing, is necessary for confirmation.